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Bib Data Sheet

CONFIRMATION NO. 2863

<b>SERIAL NUMBER</b> 09/924,910	<b>FILING OR 371(c) DATE</b> 08/08/2001 <b>RULE</b>	<b>CLASS</b> 345	<b>GROUP ART UNIT</b> 2697	<b>ATTORNEY DOCKET NO.</b> 00,283	
<b>APPLICANTS</b> James R. Charlton, Lenexa, KS; Dahl B. Metters, Shawnee Mission, KS; Tin Yu Mak, Overland Park, KS;					
<b>** CONTINUING DATA *****</b> N/A					
<b>** FOREIGN APPLICATIONS *****</b> N/A					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 09/17/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <u>Allowance</u> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> KS	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 23	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 32423					
<b>TITLE</b> Graphic display of network performance information					
<b>FILING FEE RECEIVED</b> 764	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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<b>SERIAL NUMBER</b> 09/924,910	<b>FILING DATE</b> 08/08/2001 <b>RULE</b>	<b>CLASS</b> 345	<b>GROUP ART UNIT</b> 2672	<b>ATTORNEY DOCKET NO.</b> 00,283	
<b>APPLICANTS</b> James R. Charlton, Lenexa, KS; Dahl B. Metters, Shawnee Mission, KS; Tin Yu Mak, Overland Park, KS;					
<b>** CONTINUING DATA *****</b> P.W.C.					
<b>** FOREIGN APPLICATIONS *****</b> P.W.C.					
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <input checked="" type="checkbox"/> Allowance Examiner's Signature <i>[Signature]</i> Initials		<b>STATE OR COUNTRY</b> KS	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 23	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 24030					
<b>TITLE</b> Graphic display of network performance information					
<b>FILING FEE RECEIVED</b> 764	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		